

Authorization Form

I, _____, authorize Canada Life, my creditor and / or plan sponsor, my employer, any healthcare or rehabilitation provider, any insurance or reinsurance companies, administrators of government benefits or other benefit programs, any person having knowledge of me or my health, and service providers working with Canada Life or the above to exchange personal information, including consultation reports, when relevant and necessary for the purpose of administering the group benefits plan including investigating and assessing this claim.

A photocopy of this authorization is as valid as the original and shall continue to have effect throughout my claim.

Claimant Name:

Reference Number:

Claimant Signature: _____ Date: _____

Protecting Your Personal information

At **The Canada Life Assurance Company (Canada Life)**, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Canada Life or the offices of an organization authorized by Canada Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Canada Life. Canada Life may use service providers located within or outside Canada. We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. We collect, use and disclose the personal information to administer the group benefits plan, including investigating and assessing your claim.